

Name  
in  
Full

James Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |   |            |                                |       |          |             |
|-----------------------------------|---|------------|--------------------------------|-------|----------|-------------|
| Died at                           | Town                                    |            | County                         |       | MARYLAND |             |
| Date of death                     | 1909                                    | Month Feb. | Day 14                         | Age   | Years    | Months      |
| Sex                               | Male                                    |            | Color or Race                  | Black |          | Birth-place |
| Occupation                        | Where Residing if not at place of death |            |                                |       |          |             |
| Married, Single or Widowed        | Name of Wife or Husband                 |            |                                |       |          |             |
| Father's Name                     | Abraham Bennett                         |            | Father's Birthplace Maryland   |       |          |             |
| Mother's Maiden Name              | Grace Young                             |            | Mother's Birthplace Maryland   |       |          |             |
| Name of person giving Information | Abraham Bennett                         |            | How related to deceased Father |       |          |             |

CAUSES OF DEATH

152

How long

at Birth

How long

Primary

Inanition

Immediate

Emphysema

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

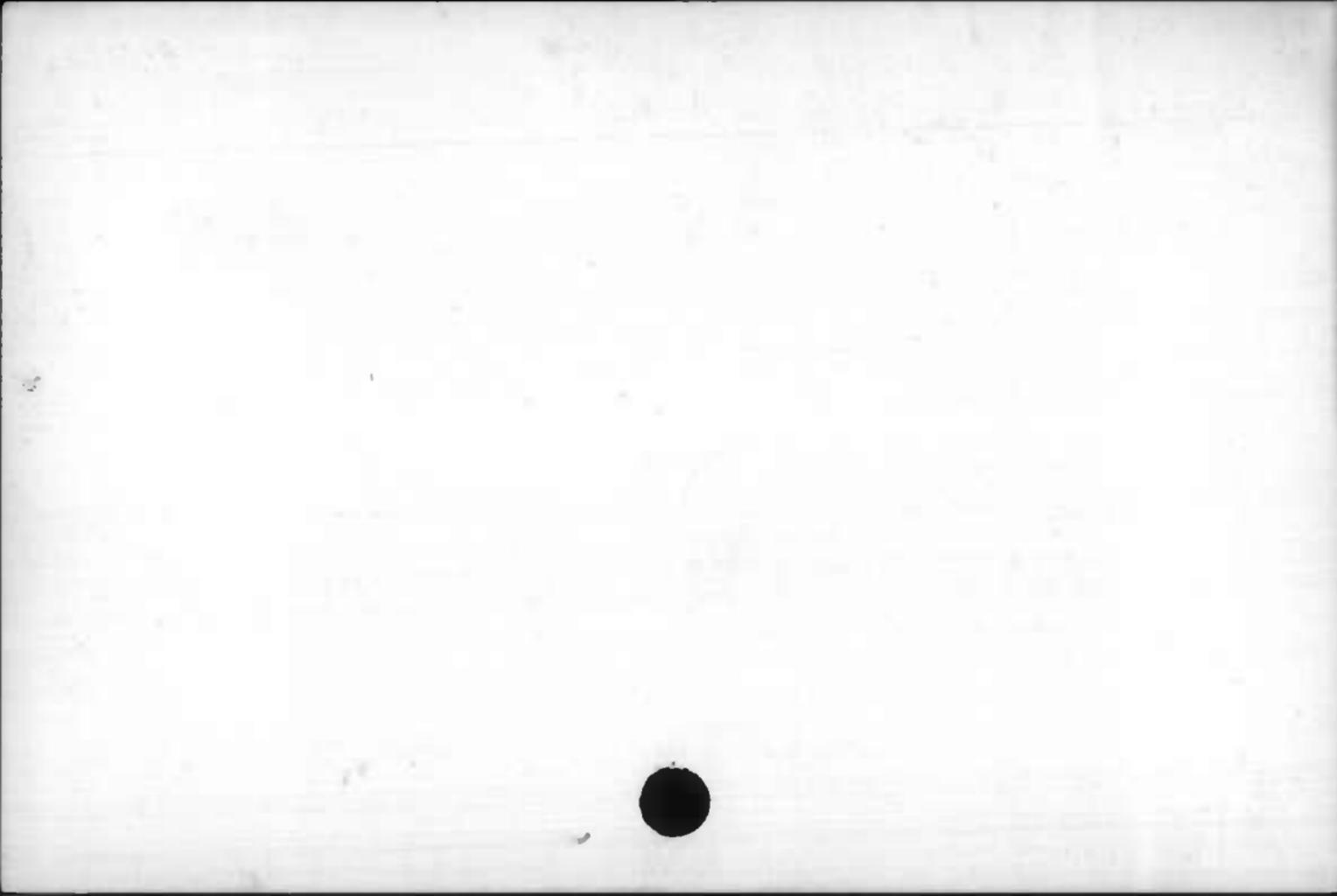
Address

John W. Miller Jr.

West Friendship

Howard County Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |                      |   |                   |             |                   |
|-----------------------------------|----------------------|---|-------------------|-------------|-------------------|
| John Brown                        |                      |   |                   |             |                   |
| Died at                           | Ellicott City        | County                                  | MARYLAND          |             |                   |
| Date of death                     | 1909 Feby 27         | Age                                     | Months            | Days        | 4                 |
| Sex                               | Male                 | Color or Race                           | Colored           | Birth-place | Ellicott City, Md |
| Occupation                        | Bro                  | Where Residing if not at place of death |                   |             |                   |
| Married, Single or Widowed        | Singer               | Name of Wife or Husband                 | No                |             |                   |
| Father's Name                     | Charles B. Brown     | Father's Birthplace                     | A. A. Leo, Md     |             |                   |
| Mother's Maiden Name              | Caroline B. Rendalls | Mother's Birthplace                     | Ellicott City, Md |             |                   |
| Name of person giving Information | Charles A. Rendalls  | How related to deceased                 | Uncle             |             |                   |

CAUSES OF DEATH

151

Primary

Premature Birth

7 months

Immediate

Asthenia

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John B. Gambrell

Ellicott City  
Maryland

8

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lewis - Delle

CERTIFICATE OF DEATH

MARYLAND

|  |                                       |   |                   |                 |                |
|--|---------------------------------------|---|-------------------|-----------------|----------------|
| Died at <u>Elders</u> Town                             |                                       | <u>Howard</u> County                                  |                   |                 |                |
| Date of death <u>1909</u>                              | Month <u>July</u>                     | Day <u>22</u>   | Years <u>None</u> | Months <u>1</u> | Days <u>00</u> |
| Sex <u>Male</u>  | Color or Race <u>white</u>            | Birth-place <u>Elders</u>                             |                   |                 |                |
| Occupation <u>None</u>                                 |                                       | Where Residing if not at place of death <u>Elders</u> |                   |                 |                |
| Married, Single or Widowed <u>Single</u>               | Name of Wife or Husband <u>none</u>   |   |                   |                 |                |
| Father's Name <u>John J. Delle</u>                     | Father's Birthplace <u>Va -</u>       |   |                   |                 |                |
| Mother's Maiden Name <u>Violet - Hackett</u>           | Mother's Birthplace <u>Mid.</u>       |   |                   |                 |                |
| Name of person giving Information <u>John J. Delle</u> | How related to deceased <u>Father</u> |   |                   |                 |                |

CAUSES OF DEATH

93

How long

5 days

How long

Progression

Primary

Pneumonia

Immediate

Suffocation

Are the name, age, sex, color, date and place correctly given above?

Yes

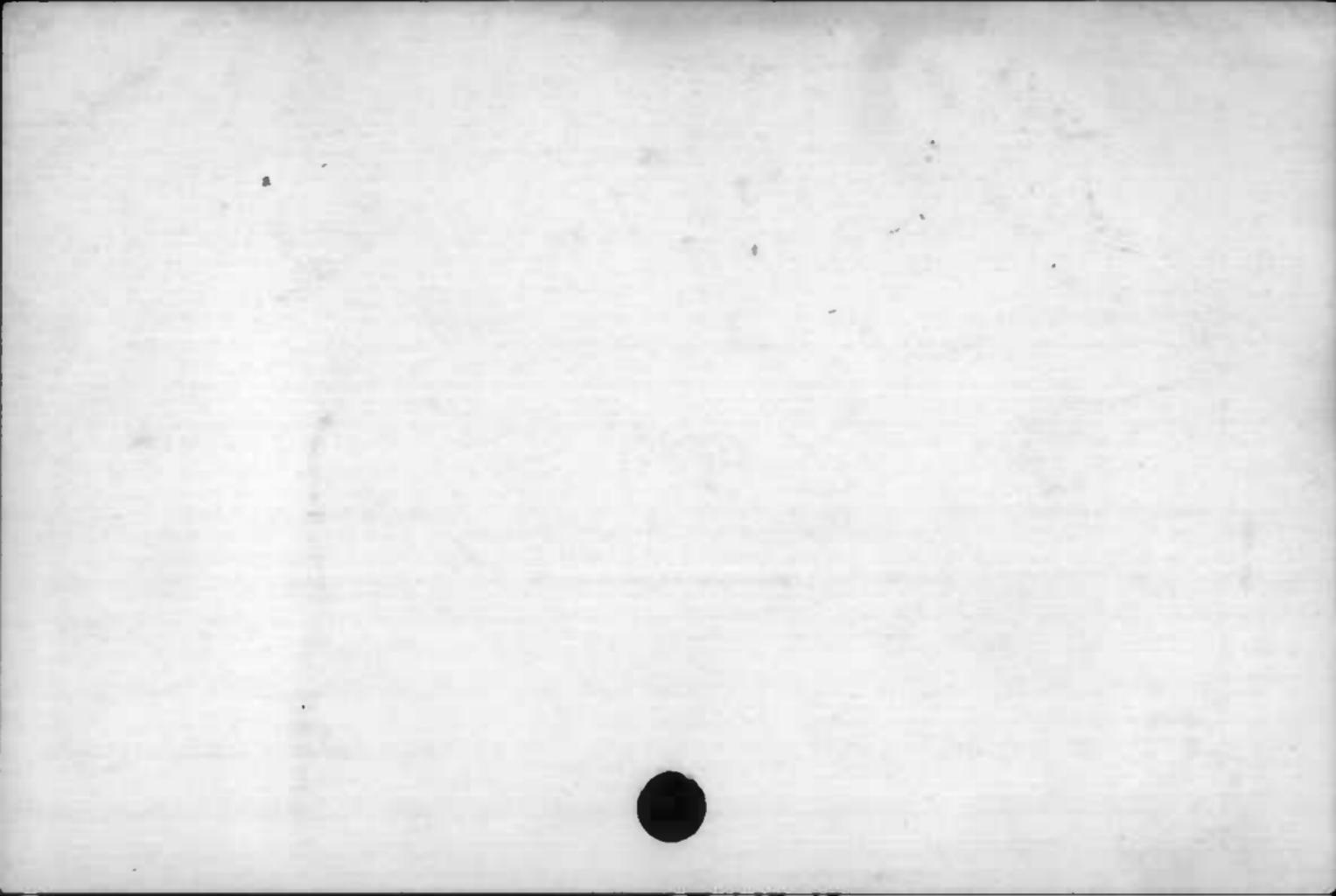
Signature of Physician

Address

A. J. Delle

Highland Blvd.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

|   |   |               |                      |                                    |                 |                |
|---|---|---------------|----------------------|------------------------------------|-----------------|----------------|
| Died at <u>Jessup</u>                                 |   | Town          | County <u>Howard</u> |                                    | MARYLAND        |                |
| Date of death <u>1909</u>                             | Month <u>Sept</u>                                     | Day <u>17</u> | Years <u>74</u>      | Age <u>74</u>                      | Months <u>1</u> | Days <u>22</u> |
| Sex <u>Female</u>                                     | Color or Race <u>White</u>                            |               |                      | Birthplace <u>Maryland</u>         |                 |                |
| Occupation <u>Housewife</u>                           | Where Residing if not at place of death <u>Jessup</u> |               |                      |                                    |                 |                |
| Married, Single or Widowed <u>Never</u>               | Name of Wife or Husband <u>Franklin Durall</u>        |               |                      |                                    |                 |                |
| Father's Name <u>Castner Anderson</u>                 |   |               |                      | Father's Birthplace <u>Ind</u>     |                 |                |
| Mother's Maiden Name <u>Susan Anderson</u>            |   |               |                      | Mother's Birthplace <u>Ind</u>     |                 |                |
| Name of person giving Information <u>H. F. Durall</u> |   |               |                      | How related to deceased <u>Son</u> |                 |                |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

91

How long

4 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Y

yes

Signature of Physician

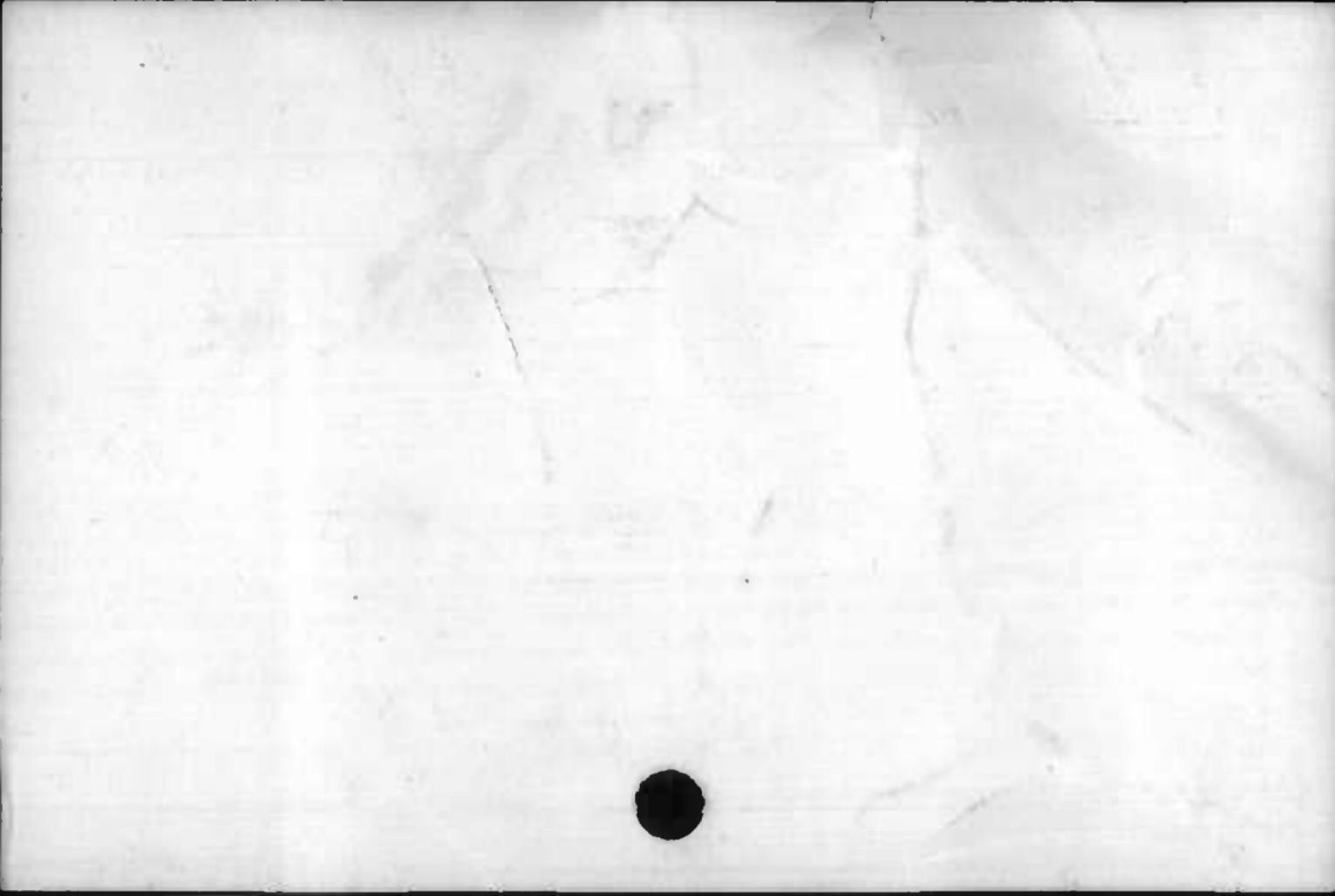
Address

R. Hammond

Jessup  
Ind.

Accident or Suicide?

No



Levi Fisher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                      |                       |                              |                 |               |
|---|---|----------------------|-----------------------|------------------------------|-----------------|---------------|
| Died <u>near Florence</u>                                 |   | Town                 | County <u>Howard.</u> |                              | MARYLAND        |               |
| Date of death <u>1909</u>                                 | Month <u>Feb.</u>                       | Day <u>3</u>         | Age <u>39.</u>        | Years <u>39.</u>             | Months <u>8</u> | Days <u>-</u> |
| Sex <u>Male.</u>  | Color or Race <u>Negro.</u>             |                      |                       | Birth-place <u>Maryland.</u> |                 |               |
| Occupation <u>Railroad Construction</u>                   | Where Residing if not at place of death |                      |                       |                              |                 | <u>_____</u>  |
| Married, Single or Widowed <u>Married.</u>                | Name of Wife <u>Wateman</u>             | <u>Martha Fisher</u> |                       |                              |                 |               |
| Father's Name <u>Henry Fisher</u>                         | Father's Birthplace <u>Maryland</u>     |                      |                       |                              |                 | <u>_____</u>  |
| Mother's Maiden Name <u>Martha Frazer</u>                 | Mother's Birthplace <u>Maryland</u>     |                      |                       |                              |                 | <u>_____</u>  |
| Name of person giving Information <u>David S. Warner.</u> | How related to deceased <u>Friend</u>   |                      |                       |                              |                 | <u>_____</u>  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis of Lung, & Throat. About 2 years.

27

How long

Immediate

Exhaustion of rebris.

How long

Are the name, age, sex, color, date and place correctly given above?

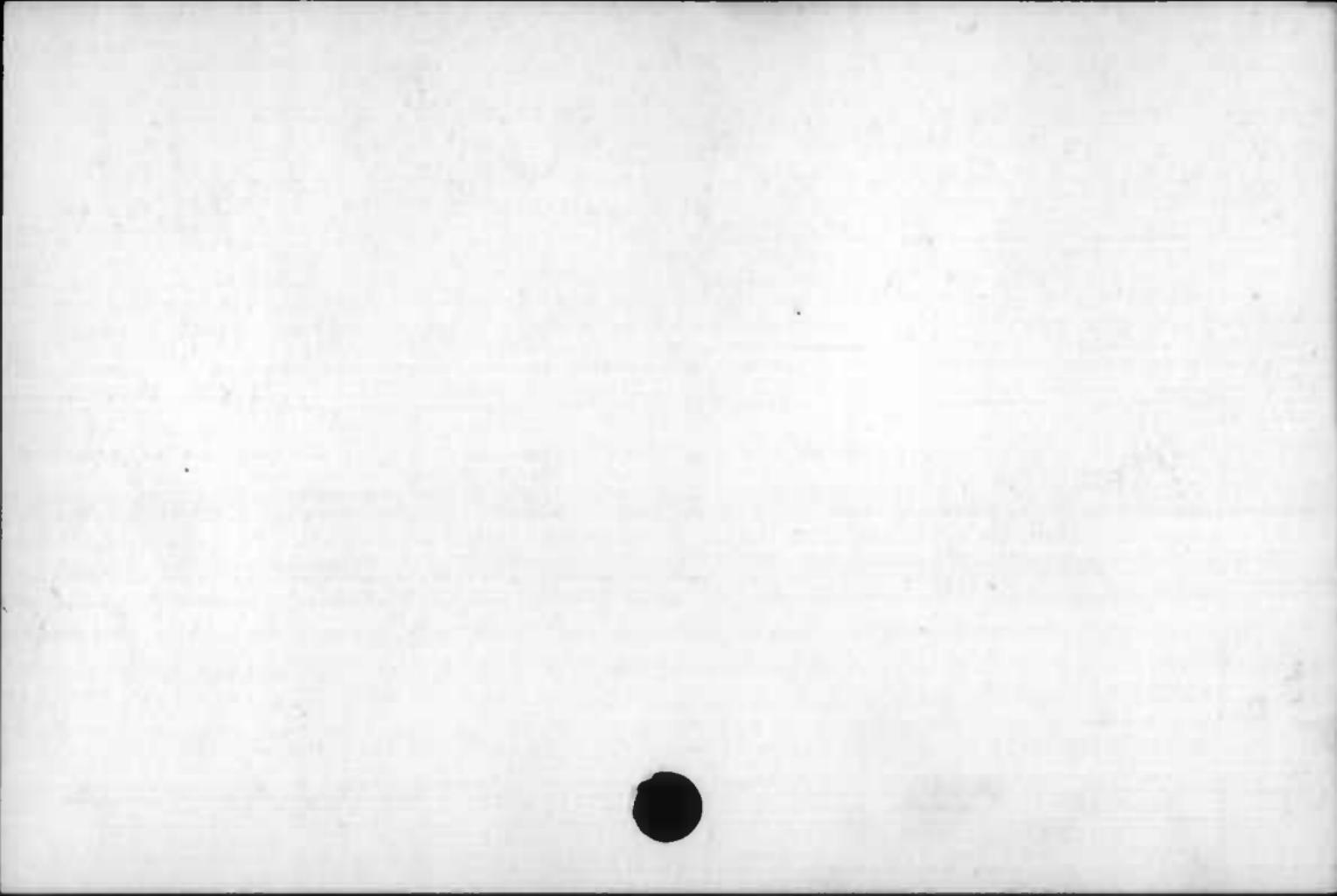
Signature of Physician

J.

Address

J. W. Lacy  
Lisbon,  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Ford

MARYLAND

|                                   |   |                         |                     |
|-----------------------------------|---|-------------------------|---------------------|
| Died at                           | Town                                    | County                  |                     |
| Date of death                     | Month                                   | Day                     | Months              |
| Sex                               | Color or Race                           | Age                     | Days                |
| Occupation                        | Where Residing if not at-place of death |                         |                     |
| Married, Single or Widowed        | Name of Wife or Husband                 | Father's Name           | Father's Birthplace |
| Mother's Maiden Name              |   | Mother's Name           | Mother's Birthplace |
| Name of person giving Information |   | How related to deceased |                     |

alpha

1909 Oct 19 dead born

Female colored

at home

Nathan Ford

Wellen Lewis

Wellen Lewis

MD

MD

Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

dead born

8

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

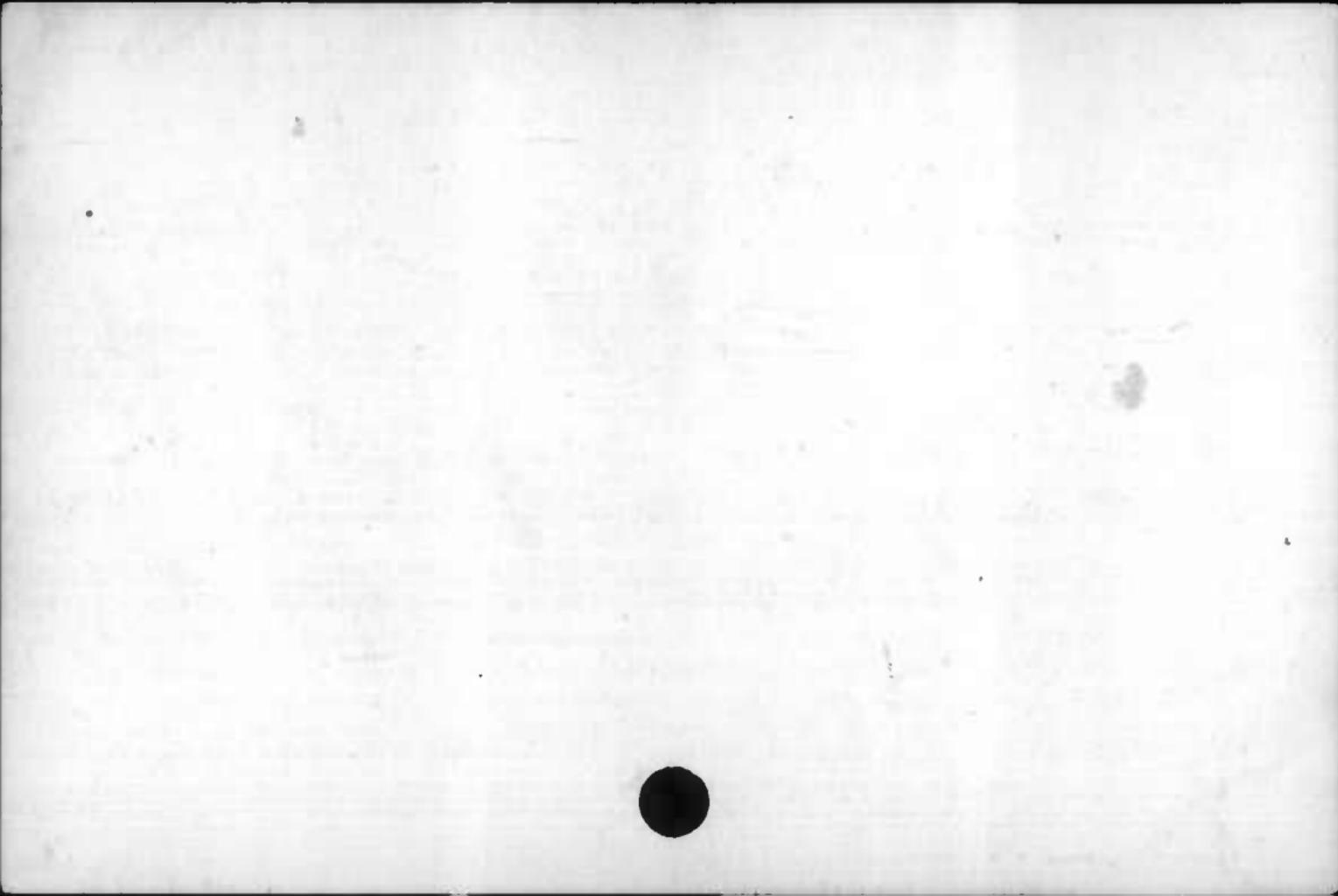
Address

Benj F. Shippy

alpha

MD

Accident or Suicide?



Name  
in  
Full

William Henry Gaitter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died near Lisbon

Town

County

MARYLAND

Date of death 1909

Month

Day

Years

Months

Days

Feb.

10.

19.

Age

Sex

Male.

Color or  
Race

Negro

Birth-  
place

Maryland.

Occupation

Farm Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Singer

Name of Wife or  
Husband

Father's  
Name

Lloyd Thomas Gaitter

Father's  
Birthplace

Mo.

Mother's  
Maiden Name

Sarah Virginia Mathews.

Mother's  
Birthplace

Mo.

Name of person giving  
Information

Lloyd Thomas Gaitter

How related  
to deceased

Father.

CAUSES OF DEATH

27

How long

3 weeks

Primary

Acute Miliary Tuberculosis

Immediate

Auto-toxemia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

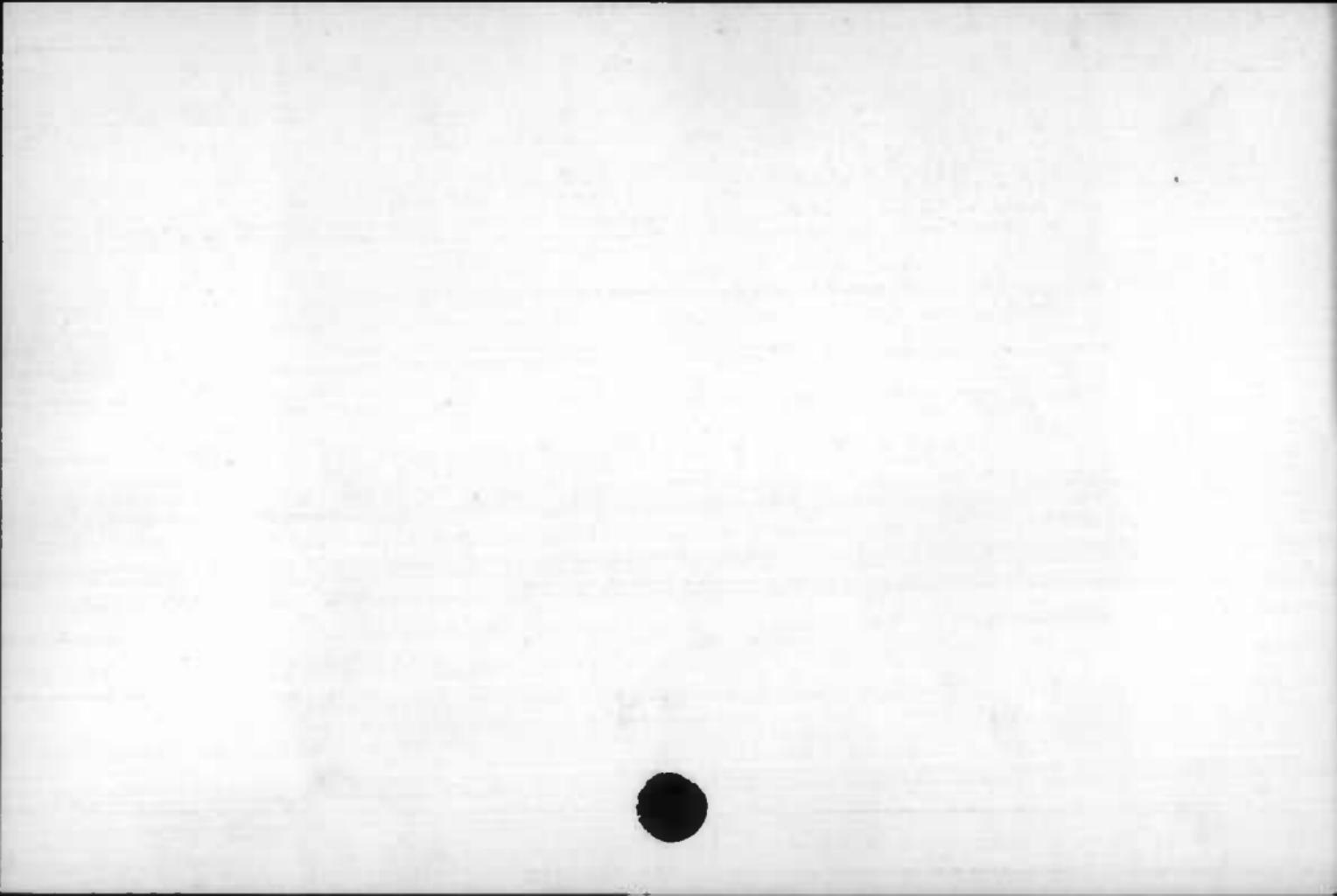
Yes

Signature of  
Physician

Address

J.W. Lacy  
Lisbon, Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Gipson  
Woodstock

Howard

MARYLAND

District

Town

Date  
of death

Month

Day

Years

Months

190

Feb

0

1

1

Sex

Male

Color or  
Race

Colored

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Charles Gipson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Rogers

Mother's  
Birthplace

Md

Name of person giving  
Information

Miss Oscar Shiple

How related  
to deceased

None

CAUSES OF DEATH

Primary

Escherichian Coli

28

How long

2 mos

Immediate

Cerebral Spasms

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Frank J. McFerrin, M.D.  
Elliott City, Md

J

Accident or Suicide

None

906

Name  
in  
Full

John Baptist Herman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |            |          |        |      |
|-----------------------------------|---|------------|----------|--------|------|
| Died at                           | Town                                    | County     | MARYLAND |        |      |
| Date of death                     | Month                                   | Day        | Years    | Months | Days |
| Sex                               | Color or Race                           | Age        | 84       | 5      | 6    |
| Occupation                        | Where Residing if not at place of death |            |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Hagerstown |          |        |      |
| Father's Name                     | do not know                             |            |          |        |      |
| Mother's Maiden Name              | do not know                             |            |          |        |      |
| Name of person giving Information | Paul F. Huber                           |            |          |        |      |

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

30 yrs

Immediate

Heart failure

How long

4 days

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Address

1830 Birring  
Eliott City  
Md

Accident or Suicide?

100

Name

In  
full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

|                                      |  |  |        |             |
|--------------------------------------|--|--|--------|-------------|
| Died at                              |  | Town                                       | County |             |
| Date of death 190                    |  | Month                                      | Day    | Years       |
| Sex                                  |  | Color or Race                              | Age    | Months Days |
| Occupation                           |  | Where Residing if not<br>et place of death |        |             |
| Married, Single<br>or Widowed        |  | Name of Wife or<br>Husband                 | No     |             |
| Father's Name                        |  | Father's Birthplace                        |        |             |
| Mother's<br>Maiden Name              |  | Mother's Birthplace                        |        |             |
| Name of person giving<br>information |  | How related<br>to deceased                 |        |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

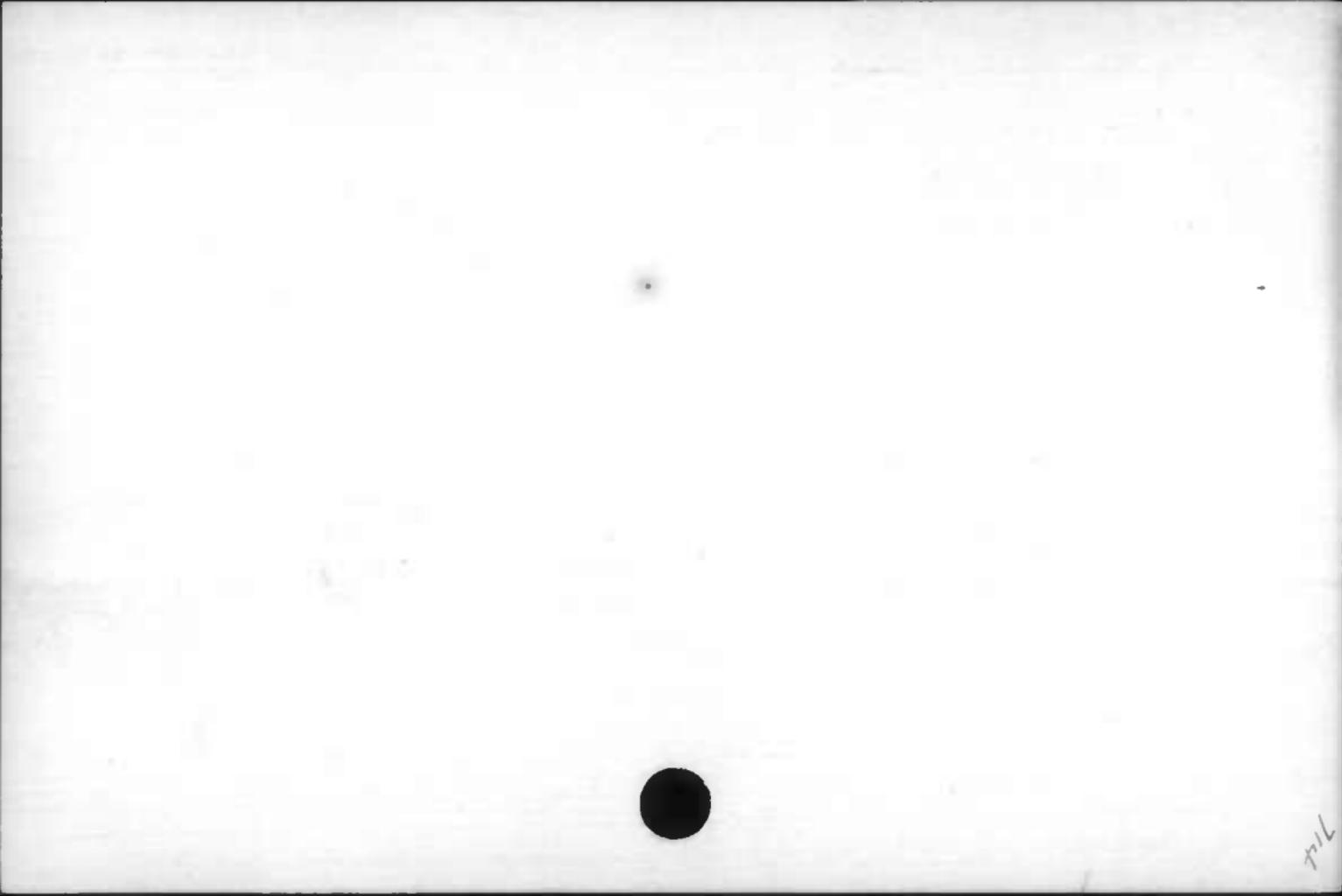
Address

Accident or Suicide

⑧

How long

How long



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edith MacGroves

CERTIFICATE OF DEATH

Died at

Elk Ridge

Town

County

Howard

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909 Feb

7

Age 30.

1

3

Sex

Female

Color or  
Race

White

Birth-  
place

Elk Ridge

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Robert MacGroves

Father's  
Name

William Bush

Father's  
Birthplace

Elk Ridge

Mother's  
Maiden Name

Mary Ricks

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Mary L Earp

How related  
to deceased

none

CAUSES OF DEATH

Primary

chronic intestinal difficulties

How long

120

6 months

Immediate

some

How long

6 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

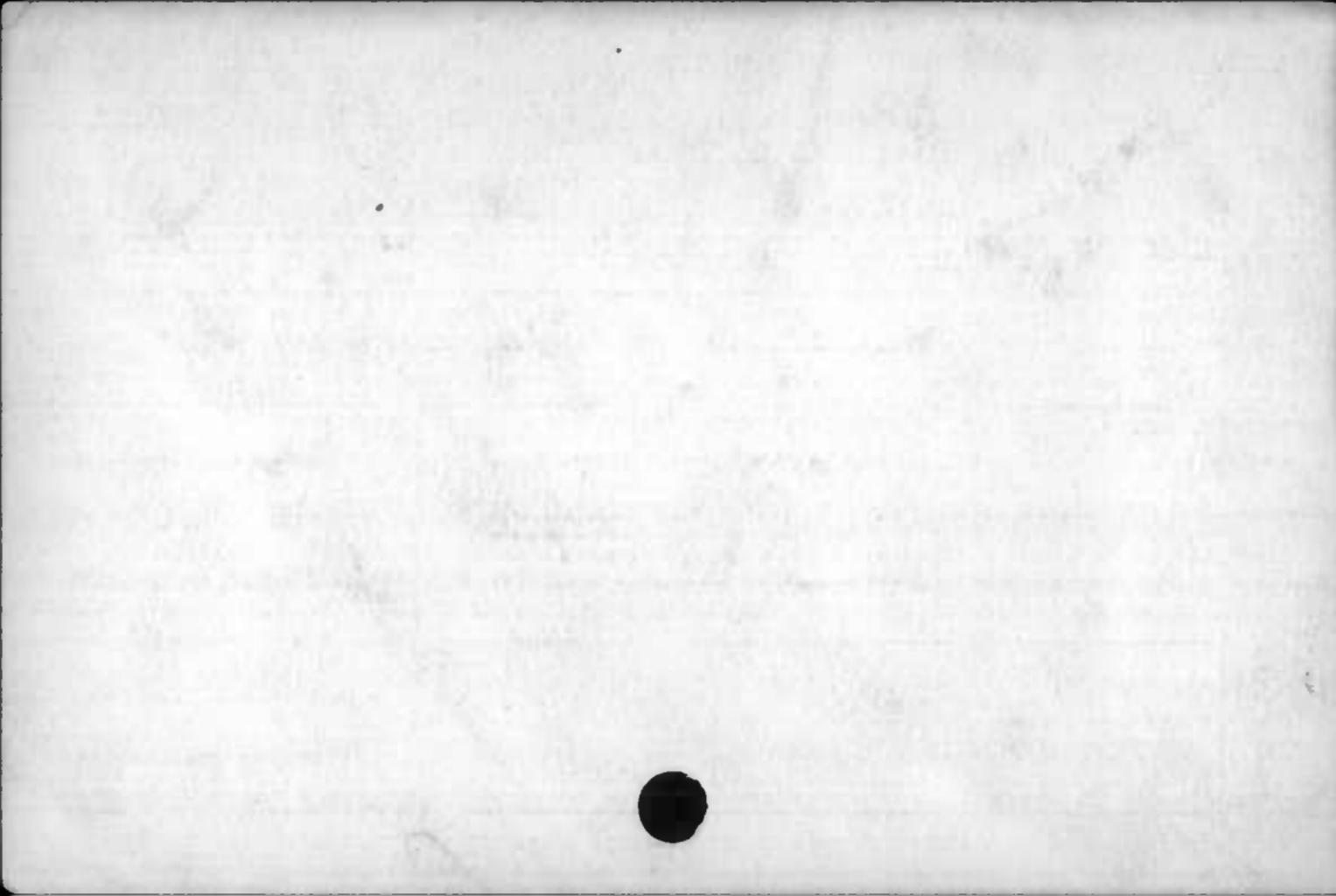
Signature of  
Physician

Address

Arthur Wilkins  
Elk Ridge Md

8  
Accident or Suicide?

no



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Accident or Suicide

William Clark Miller

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Ellicott City

Howard

Days

Date of death 1909 Feb 5

Month

Day

Years

Month

Days

Age

3

Sax Male

Color or Race

white

Birthplace

MD

Occupation

ms

Where Residing if not  
et place of death

—

Married, Single  
or Widowed

Name of Wife or  
Husband

ss

ms

Father's  
Name

W.C. Miller

Father's  
Birthplace

MD

Mother's  
Maiden Name

Brassie Caren

Mother's  
Birthplace

MD

Name of person giving  
Information

Jack Miller

How related  
to deceased

Father

CAUSES OF DEATH

151

How long

How long

Primary

Pneumonia Birth (7 mos child)

Immediate

asthma progression

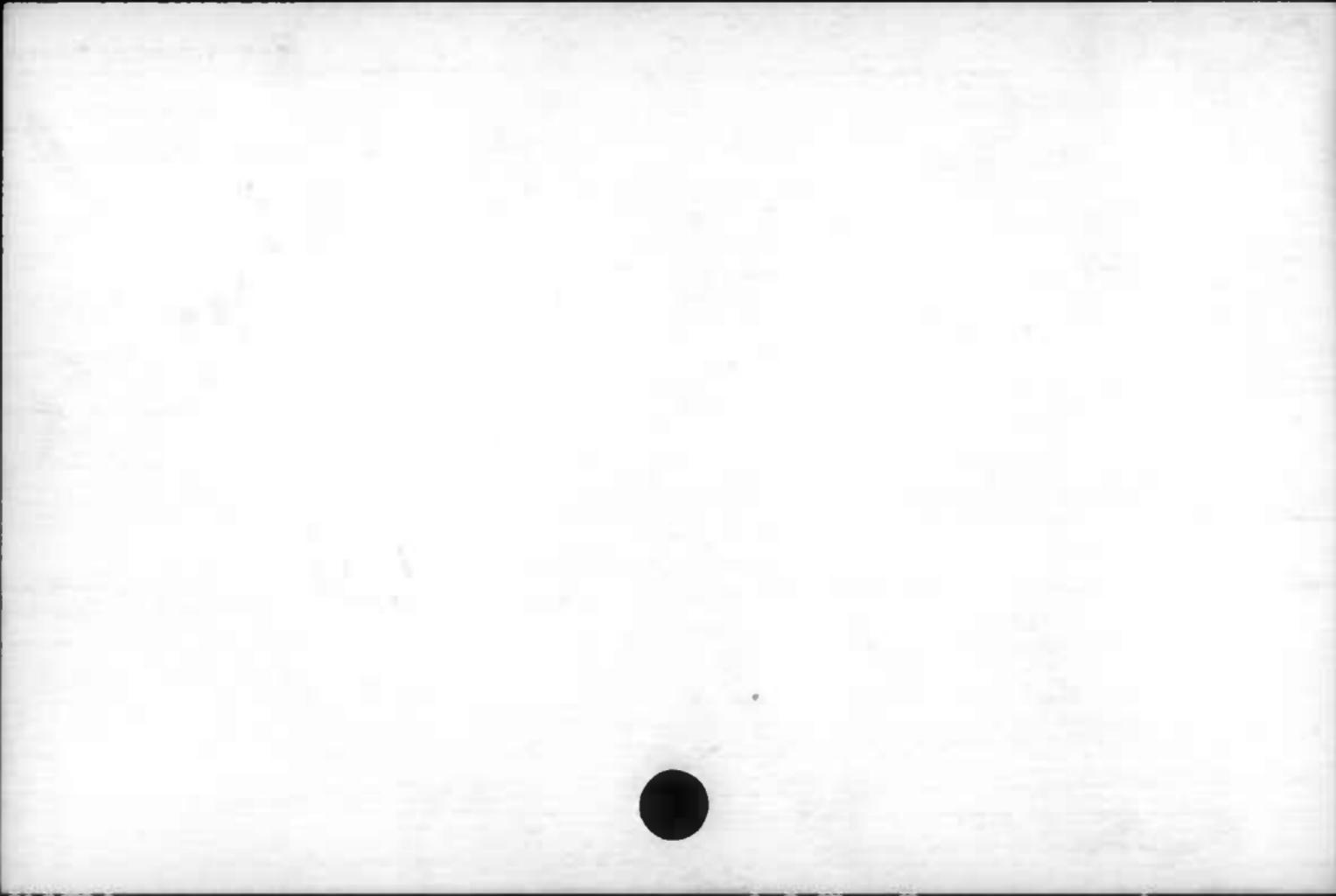
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

W.C. Smith

Address

Ellicott City



Name  
in  
Full

Joshua Mullinix

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Place own  
Died at Alberton

County Howard

MARYLAND

Date of death 1909 Month Feb. Day 15 Age 55 Years

Months    Days   

Sex Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Black Smith

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary A. Mullinix

Father's  
Name

Joshua Mullinix

Maryland

Mother's  
Maiden Name

Annie Nicholson

Maryland

Name of person giving  
Information

Mary A. Mullinix

How related  
to deceased

Wife

50

How long two years(?)

How long

Suddenly

Primary

Diabetes Mellitus

Dr. B. Gambrill  
Ellicott City, Md

Immediate

Spoplexy  
Yes.

Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

Mt View cemetery  
Howard Co

Name  
in  
Full

Eliza Baillie

CERTIFICATE OF DEATH

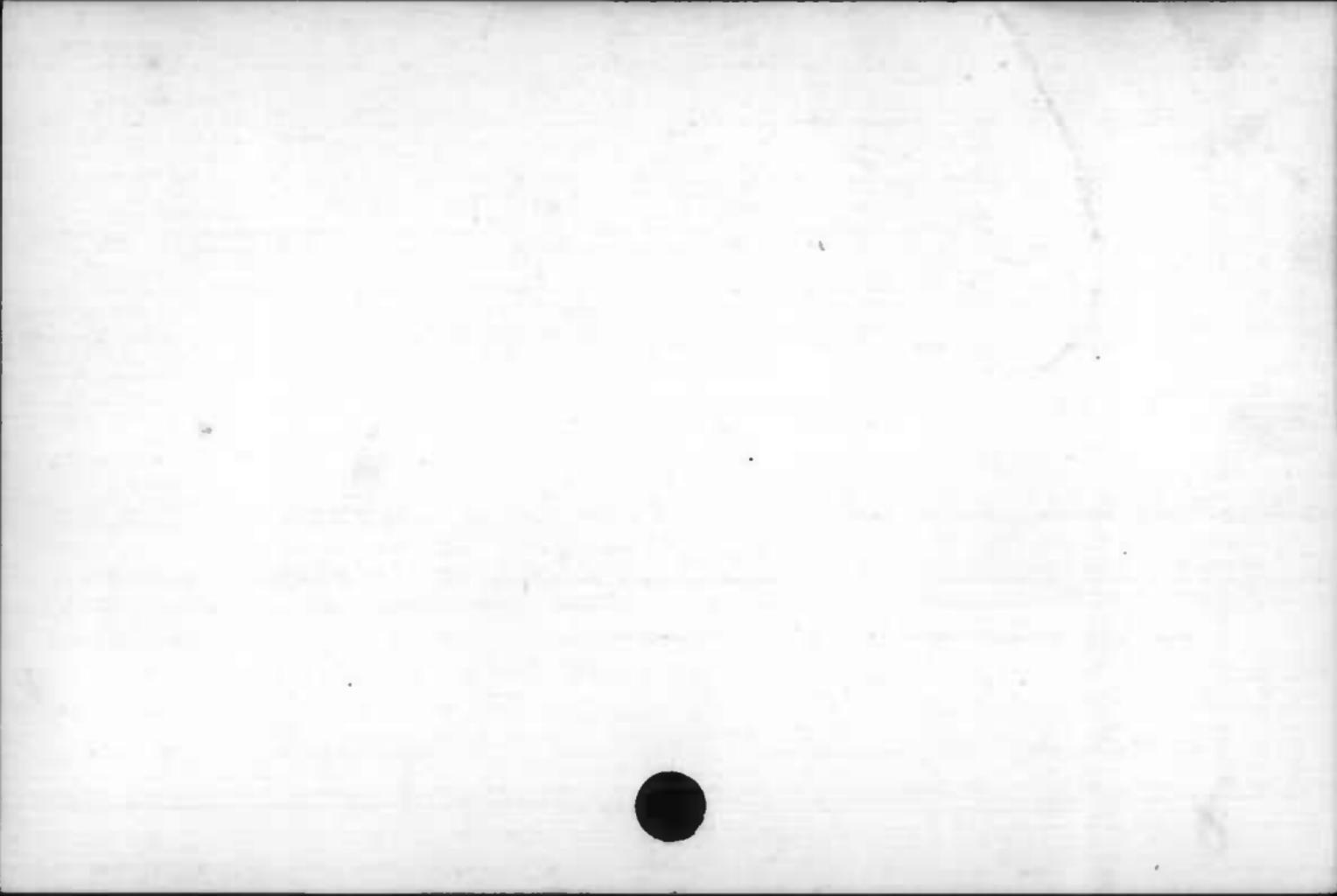
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |   |                |             |                         |         |
|-----------------------------------|----------------|---|----------------|-------------|-------------------------|---------|
| Died at                           |                | Town                                    | County         |             | MARYLAND                |         |
| Date of death                     | 1909           | Month 2                                 | Day 8          | Years 70.   | Months                  | Days    |
| Sex                               | Female         | Color or Race                           | black          | Birth-place | Md.                     |         |
| Occupation                        | Retired        | Where Residing if not at place of death |                |             | Savage                  |         |
| Married, Single or Widowed        | widow          | Name of Wife or Husband                 | Joshua Baillie |             | Father's Birthplace     | Md.     |
| Father's Name                     | noah Malins    |   | Joshua Baillie |             | Mother's Birthplace     | unknown |
| Mother's Maiden Name              | unknown        |   | Joshua Baillie |             | How related to deceased | Son     |
| Name of person giving information | Joshua Baillie |   |                |             |                         |         |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                   |                        |                 |          |
|--|-------------------|------------------------|-----------------|----------|
| Primary  | Infirmitiū of Age |                        | 154             | How long |
| Immediate  | Heart Failure     |                        | 2 years         |          |
| Are the name, age, sex, color, date and place correctly given above? |                   | yes                    | How long        |          |
|  |                   | Signature of Physician | progressive     |          |
|  |                   | Address                | Whitticomb M.D. |          |
| 8  |                   |                        | Savage Md.      |          |
| Accident or Suicide?   |                   | heilie                 |                 |          |



Name  
in  
Full

Joseph Howard Scott

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

|                                   |  |                  |        |                         |             |         |
|-----------------------------------|--|------------------|--------|-------------------------|-------------|---------|
| Died at                           |  | Town             | County |                         | MARYLAND    |         |
| Date of death 1909                |  | Month Febry      | Day 10 | Age                     | Years       | Months  |
| Sex                               |  | Color or Race    | White  |                         | Birth-place | Days 11 |
| Married, Single or Widowed        |  | Occupation       |        |                         |             |         |
| Name of Wife or Husband           |  |                  |        |                         |             |         |
| Father's Name                     |  | Howard F. Scott  |        | Father's Birthplace     | Md          |         |
| Mother's Maiden Name              |  | Florence Stevens |        | Mother's Birthplace     | Md.         |         |
| Name of person giving information |  | Mrs Dorey        |        | How related to deceased | None        |         |

Caused by forceps in difficult labor case.

CAUSES OF DEATH

176

How long

4 days

How long

Progressive

PHYSICIAN  
OR CORONER

Primary

Contusion of Scalp & head

Immediate

Asthenia from Cerebral Com pression

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W.W. Cassell

Highland Md.

Accident or Suicide?



Name  
in  
Full

Oliver Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                              |              |          |         |
|---|---|------------------------------|--------------|----------|---------|
| Town  |   | County                       |              | MARYLAND |         |
| Died at Ellicott City                         |   | Howard                       |              |          |         |
| Date of death 1909                            | Month Feb.  | Day 12                       | Years Age 69 | Months 9 | Days no |
| Sex Male                                      | Color or Race Colored                                 | Birth-place Maryland         |              |          |         |
| Occupation Waiter                             | Where Residing if not at place of death Ellicott City |                              |              |          |         |
| Married, Single or Widowed Married            | Name of Wife or Husband Mary Jane Scott               | Father's Birthplace Maryland |              |          |         |
| Father's Name Oliver Scott                    | Mother's Birthplace Maryland                          |                              |              |          |         |
| Mother's Maiden Name Margaret Roberson        | How related to deceased Son                           |                              |              |          |         |
| Name of person giving Information Frank Scott |   |                              |              |          |         |

CAUSES OF DEATH

27

|   |                        |                        |                    |
|---|------------------------|------------------------|--------------------|
| Primary   | Pulmonary Tuberculosis | How long               | About 2 1/2 years  |
| Immediate   | Cardiac Paralysis      | How long               | Suddenly           |
| Are the name, age, sex, color, date and place correctly given above ? Yes |                        | Signature of Physician | W. B. Gambrill     |
|   |                        | Address                | Ellicott City, Md. |

PHYSICIAN  
OR CORONER

Accident or Suicide

Western Star cemetery

Name  
In  
Full

Charles Jones Shepherd

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                          |          |        |      |
|-----------------------------------|---|--------------------------|----------|--------|------|
| Died at                           | Town                                    | County                   | MARYLAND |        |      |
| Date of death 1909                | Month 7.6.                              | Day 18.                  | Years    | Months | Days |
| Sex Male                          | Color or Race Negro                     | Birth-place Florence Md. |          |        |      |
| Occupation                        | Where Residing if not at place of death |                          |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |                          |          |        |      |
| Father's Name                     | Evan Agilla Jones                       |                          |          |        |      |
| Mother's Maiden Name              | Helen Viola Shepherd                    |                          |          |        |      |
| Name of person giving information | Helen Viola Shepherd                    |                          |          |        |      |
| How related to deceased           |   |                          |          |        |      |

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia (Supposed to be  
no physician was in attendance)

How long

24 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

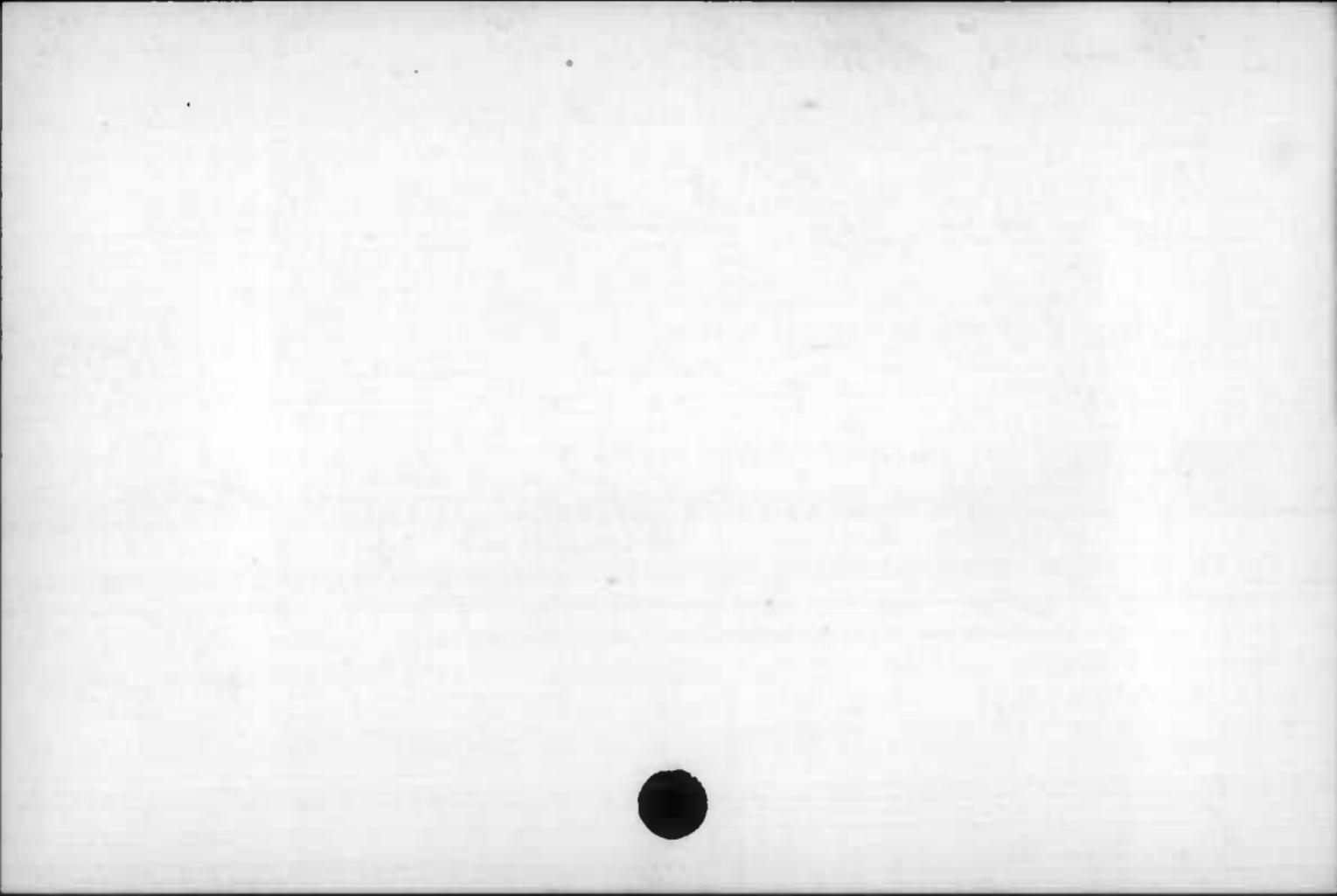
Signature of Physician

Address

J. W. Lacy  
Linton

Md

Accident or Suicide?



Name  
in  
Full

Green Snell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                              |                    |               |   |                |              |  |
|--|------------------------------|--------------------|---------------|---|----------------|--------------|--|
| Died at <u>near Laurel</u>                               |                              | Town <u>Howard</u> |               | County <u>Howard</u>                    |                | MARYLAND     |  |
| Date of death <u>1909 Feb 3</u>                          | Month <u>Feb</u>             | Day <u>3</u>       | Age <u>19</u> | Years <u>19</u>                         | Months <u></u> | Days <u></u> |  |
| Sex <u>Female</u>  | Color or Race <u>Collard</u> |                    |               | Birth-place <u>md</u>                   |                |              |  |
| Occupation <u>Housework</u>                              |                              |                    |               | Where Residing if not at place of death |                |              |  |
| Married, Single or Widowed <u>Single</u>                 | Name of Wife or Husband      |                    |               |   |                |              |  |
| Father's Name <u>James Snell</u>                         |                              |                    |               | Father's Birthplace <u>md</u>           |                |              |  |
| Mother's Maiden Name <u>unknown</u>                      |                              |                    |               | Mother's Birthplace <u>nd</u>           |                |              |  |
| Name of person giving information <u>Susie B. Burgis</u> |                              |                    |               | How related to deceased <u>man</u>      |                |              |  |

CAUSES OF DEATH

27

How long

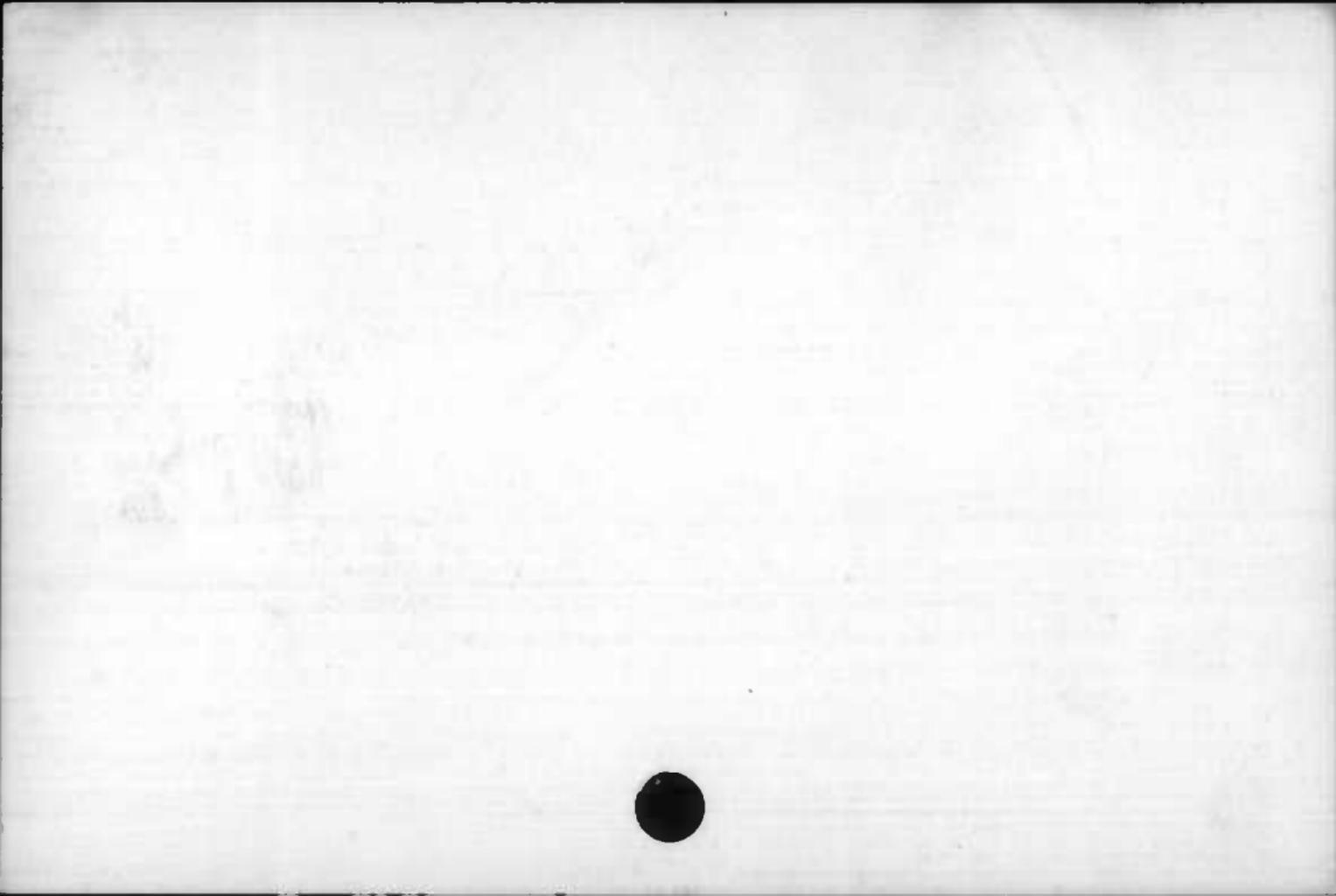
4 mo.

How long

2 days

PHYSICIAN  
OR CORONER

|  |                                       |
|--|---------------------------------------|
| Primary <u>Phthisis Pulmonalis</u>   | How long                              |
| Immediate <u>Haemorrhages</u>  | How long                              |
| Are the name, age, sex, color, date and place correctly given above?<br><u>Yes</u> | Signature of Physician<br><u>Reed</u> |
|  | Address<br><u>Scammon</u>             |
| Accident or Suicide?<br><u>No</u>  | Address<br><u>Scammon</u>             |



Name  
in  
Full

James Franklin Stanton

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

|   |                            |                                      |   |                           |             |                 |  |
|---|----------------------------|--------------------------------------|---|---------------------------|-------------|-----------------|--|
| Died at<br>Molar Rishers                              |                            | Town<br>Howard.                      |   | County<br>Howard.         |             | MARYLAND        |  |
| Date<br>of death 1909                                 | Month<br>Feb.              | Day<br>12                            | Age<br>—  | Years<br>—                | Months<br>— | Days<br>16 days |  |
| Sex<br>Male.  | Color or<br>Race<br>Negro. |                                      |   | Birth-<br>place<br>above. |             |                 |  |
| Occupation<br>—                                       |                            |                                      | Where Residing if not<br>at place of death<br>— |                           |             |                 |  |
| Married, Single<br>or Widowed<br>—                    |                            | Name of Wife or<br>Husband<br>—      |   |                           |             |                 |  |
| Father's<br>Name<br>Lewis Stanton                     |                            | Father's<br>Birthplace<br>Md.        |   |                           |             |                 |  |
| Mother's<br>Maiden Name<br>Lippie Prettyman           |                            | Mother's<br>Birthplace<br>Md.        |   |                           |             |                 |  |
| Name of person giving<br>Information<br>Lewis Stanton |                            | How related<br>to deceased<br>Father |   |                           |             |                 |  |
| CAUSES OF DEATH                                       |                            |                                      |   |                           |             |                 |  |
| 176   |                            |                                      |   |                           |             |                 |  |

PHYSICIAN  
OR CORONER

Primary

Difficult Labor

How long

Immediate

Edema Hemorrhage

3 hours.

Are the name, age, sex, color, date  
and place correctly given above?

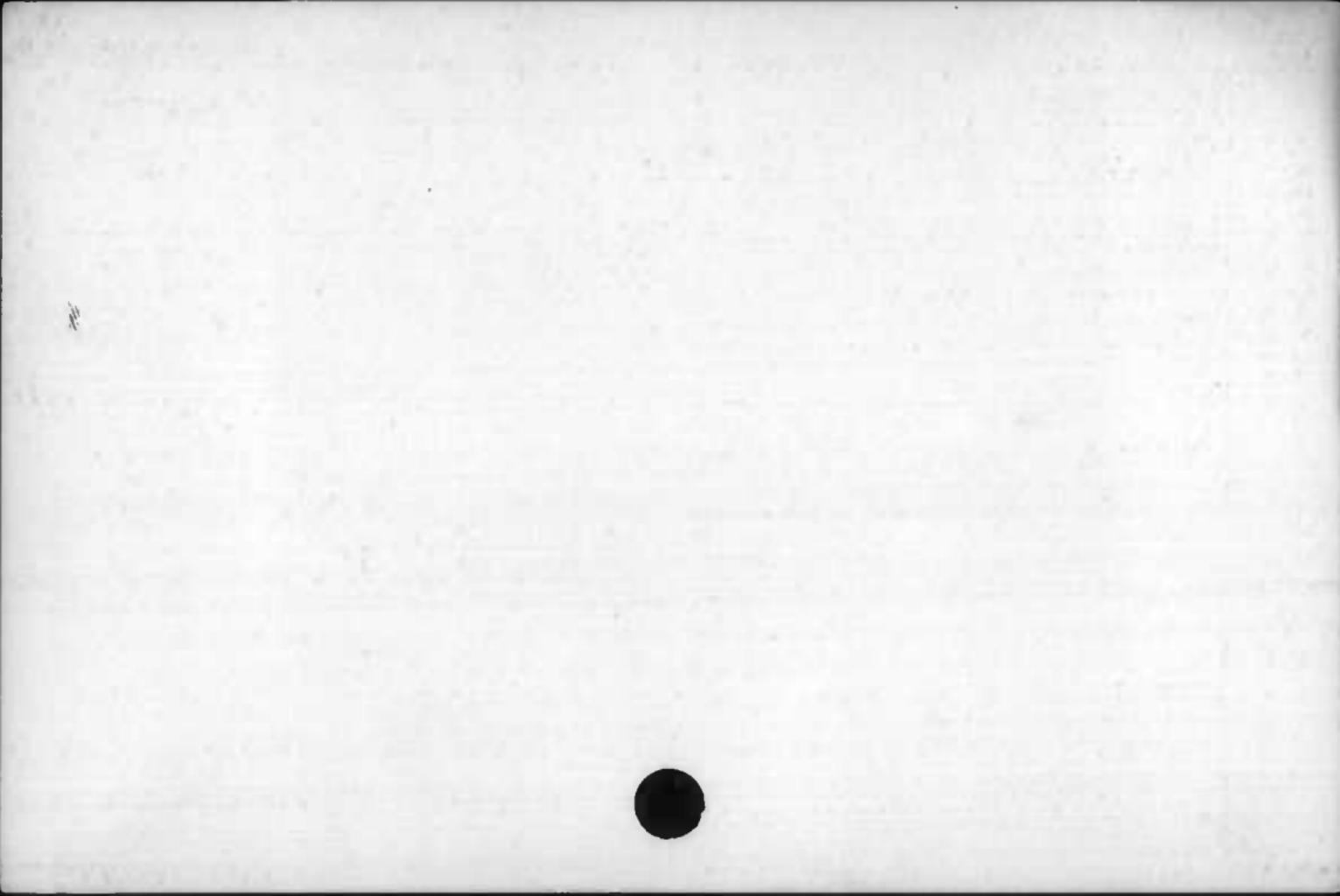
Yes

Signature of  
Physician

Address

J. W. Lacy

Accident or Suicide?



Name  
in  
Full

Rupert Howard Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

near Columbia

Howard

MARYLAND

Died at Date of death 1909 Month Feb. Day 14

Years Age Months Days 14

Sex Male

Color or Race

white

Birth-place

Maryland

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Birthplace

Maryland

Father's  
Name

Robert B Thompson

Mother's  
Maiden Name

Vilvia H. Sijdall

Maryland

Name of person giving  
Information

Robert B Thompson

How related  
to deceased

Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Harmful nutrition.

How long

151

6 weeks

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

R. C. Shire

Glencoe City

Accident or Suicide

416